

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

<p>1. Agency/Subagency originating request U.S. EPA, Office of Compliance Assurance, Office of Compliance</p>	<p>2. OMB control number                      b. <b>G</b> None a. <u>2</u> <u>0</u> <u>6</u> <u>0</u> - <u>0</u> <u>2</u> <u>7</u> <u>3</u>                      _____</p>
<p>3. Type of information collection (<i>check one</i>)  a. <b>G</b> New collection  b. <b>G</b> Revision of a currently approved collection  c. <b>X</b> Extension of a currently approved collection  d. <b>G</b> Reinstatement, <b>without change</b>, of a previously approved collection for which approval has expired  e. <b>G</b> Reinstatement, <b>with change</b>, of a previously approved collection for which approval has expired  f. <b>G</b> Existing collection in use without an OMB control number</p> <p style="text-align: center;"><i>For b-f, note item A2 of Supporting Statement Instructions</i></p>	<p>4. Type of review requested (<i>check one</i>)  a. <input checked="" type="checkbox"/> Regular  b. <b>G</b> Emergency - Approval requested by: _____  /_____/_____  c. <b>G</b> Delegated</p> <p>5. Small entities  Will this information collection have a significant economic impact on a substantial number of small entities?   <b>G</b> Yes   <input checked="" type="checkbox"/> No</p>
<p>7. Title            40 CFR Part 63, Subpart T - National Emission Standards for Halogenated Solvent Cleaners</p>	<p>6. Requested expiration date  a. <input checked="" type="checkbox"/> Three years from approval date    b. <b>G</b> Other  Specify: ____/____/____</p>
<p>8. Agency form number(s) (<i>If applicable</i>) <u>1652.04</u></p>	
<p>9. Keywords <u>Clean Air Act, Air Pollution Control, Environmental Protection</u></p>	
<p>10. Abstract  Respondents subject to this NESHAP are owners or operators of solvent cleaning machines using any solvent containing methylene chloride (MC), perchloroethylene (PCE), 1,1,1-trichloroethane (TCA), trichlorethylene (TCE), carbon tetrachloride (CT), chloroform (C), or any combination of these halogenated solvents in a concentration greater than 5 percent by-weight. This includes batch vapor, in-line vapor, in-line cold, and batch cold solvent cleaning machines. Owners or operators of batch vapor and in-line solvent cleaning machines can choose between an equipment/work practice options and an overall solvent emissions limit option for each solvent cleaning machine. Owners or operators of batch cold cleaning machines must comply with an equipment standard and work practice.</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>)  a. ____ Individuals or households    d. ____ Farms  b. <u>P</u> Business or other for-profit    e. ____ Federal Government  c. ____ Not-for-profit institutions    f. ____  State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>)  a. <b>G</b> Voluntary  b. <b>G</b> Required to obtain or retain benefits  c. <u>P</u> Mandatory</p>

<p>13. Annual reporting and recordkeeping hour burden</p> <p style="margin-left: 40px;">a. Number of respondents <u>3,821</u></p> <hr/> <p style="margin-left: 40px;">b. Total annual responses <u>11,496</u></p> <hr/> <p style="margin-left: 80px;">1. Percentage of these responses collected electronically <u>10%</u></p> <p style="margin-left: 40px;">c. Total hours requested <u>45,207</u></p> <hr/> <p style="margin-left: 40px;">d. Current OMB inventory <u>45,207</u></p> <hr/> <p style="margin-left: 40px;">e. Difference <u>0</u></p> <hr/> <p style="margin-left: 40px;">f. Explanation of difference</p> <p style="margin-left: 80px;">1. Program Change <u>0</u></p> <hr/> <p style="margin-left: 80px;">2. Adjustment <u>0</u></p> <hr/>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <p style="margin-left: 40px;">a. Total annualized capital/startup costs <u>3079</u></p> <hr/> <p style="margin-left: 40px;">b. Total annual costs (O&amp;M) <u>1012</u></p> <hr/> <p style="margin-left: 40px;">c. Total annualized cost requested <u>4091</u></p> <hr/> <p style="margin-left: 40px;">d. Current OMB inventory <u>4091</u></p> <hr/> <p style="margin-left: 40px;">e. Difference <u>0</u></p> <hr/> <p style="margin-left: 40px;">f. Explanation of difference <u>0</u></p> <p style="margin-left: 80px;">1. Program change <u>0</u></p> <hr/> <p style="margin-left: 80px;">2. Adjustment <u>0</u></p> <hr/>																								
<p>15. Purpose of information collection (Mark Primary With "P" and all others that apply with "X")</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. <input type="checkbox"/> Application for benefits planning or management</td> <td style="width: 50%;">e. <input type="checkbox"/> Program</td> </tr> <tr> <td>b. <input type="checkbox"/> Program evaluation</td> <td>f. <input type="checkbox"/> Research</td> </tr> <tr> <td>c. <input type="checkbox"/> General purpose statistics</td> <td>g. <input checked="" type="checkbox"/> Regulatory or compliance</td> </tr> <tr> <td>d. <input type="checkbox"/> Audit</td> <td></td> </tr> </table>	a. <input type="checkbox"/> Application for benefits planning or management	e. <input type="checkbox"/> Program	b. <input type="checkbox"/> Program evaluation	f. <input type="checkbox"/> Research	c. <input type="checkbox"/> General purpose statistics	g. <input checked="" type="checkbox"/> Regulatory or compliance	d. <input type="checkbox"/> Audit		<p>16. Frequency of recordkeeping or reporting (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. <input checked="" type="checkbox"/> Recordkeeping</td> <td style="width: 50%;">b. <input checked="" type="checkbox"/> Third party disclosure</td> </tr> <tr> <td colspan="2">c. <input checked="" type="checkbox"/> Reporting</td> </tr> <tr> <td>1. <input checked="" type="checkbox"/> On occasion</td> <td>2. <input checked="" type="checkbox"/> Weekly</td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Monthly</td> <td></td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/></td> </tr> <tr> <td>Semi-annually</td> <td>6. <input checked="" type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input checked="" type="checkbox"/> Biannually</td> <td>8. <input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2">(describe) _____</td> </tr> </table>	a. <input checked="" type="checkbox"/> Recordkeeping	b. <input checked="" type="checkbox"/> Third party disclosure	c. <input checked="" type="checkbox"/> Reporting		1. <input checked="" type="checkbox"/> On occasion	2. <input checked="" type="checkbox"/> Weekly	3. <input checked="" type="checkbox"/> Monthly		4. <input checked="" type="checkbox"/> Quarterly	5. <input type="checkbox"/>	Semi-annually	6. <input checked="" type="checkbox"/> Annually	7. <input checked="" type="checkbox"/> Biannually	8. <input type="checkbox"/> Other	(describe) _____	
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<p>17. Statistical methods</p> <p style="margin-left: 40px;">Does this information collection employ statistical methods?</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of this submission)</p> <p style="margin-left: 40px;">Name: <u>Acquanetta Delaney</u></p> <p style="margin-left: 40px;">Phone: <u>(202) 564-7061</u></p>																								